

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

MARGARET JAGGERS  
739 Alburger Street  
Philadelphia, PA 19115 The United States of America

(b) County of Residence of First Listed Plaintiff **PHILADELPHIA**  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)  
Timothy R. Hough, Esquire  
Two Penn Center, Suite 1907  
1500 JFK Boulevard  
Philadelphia, PA 19102 (215) 564-5200

**DEFENDANTS**

THE UNITED STATES OF AMERICA  
3000 CHESTNUT STREET  
PHILADELPHIA, PA 19104

County of Residence of First Listed Defendant **PHILADELPHIA**  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)  
Nathan Solomon, Esquire  
The United States Postal Service  
3000 Chestnut Street  
Philadelphia, 19104 (314)345-5846

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |                                       |                                       |   |                            |                            |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
|   | PTF                                   | DEF                                   |   | PTF                        | DEF                        |
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395f) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

**V. ORIGIN** (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
Federal Tort Claims Act 28 USC 1346(b)(2) 2671-2680  
Brief description of cause:  
Premises Liability - Falldown

**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ 250,000.000 CHECK YES only if demanded in complaint:  
JURY DEMAND: ☒ Yes ☐ No

**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

3/10/2014

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IT

JUDGE

MAG. JUDGE

**FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM** to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.Address of Plaintiff: 739 Alburger Street Philadelphia PAAddress of Defendant: 3000 Chestnut Street, Philadelphia, PA 19104Place of Accident, Incident or Transaction: 9925 Bustleton Avenue, Philadelphia, PA  
(Use Reverse Side For Additional Space)Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?  
(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a)) Yes ☐ No ☒Does this case involve multidistrict litigation possibilities? Yes ☐ No ☒

RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_ Judge N/A Date Terminated: N/A

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?  
Yes ☐ No ☒
2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?  
Yes ☐ No ☒
3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?  
Yes ☐ No ☒
4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?  
Yes ☐ No ☒

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

## A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☐ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☐ All other Federal Question Cases  
(Please specify) \_\_\_\_\_

## B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☒ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases  
(Please specify) Premises Liability- Falldown

**ARBITRATION CERTIFICATION**

(Check Appropriate Category)

I, Timothy R. Hough, Esquire, counsel of record do hereby certify:

- ☒ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: 3/10/2014  
Attorney-at-Law40898

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: 3/10/2014  
Attorney-at-Law40898

Attorney I.D.#

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

CASE MANAGEMENT TRACK DESIGNATION FORM

MARGARET JAGGERS	:	CIVIL ACTION
	:	
v.	:	NO.:
THE UNITED STATES	:	
	:	

*In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.*

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ( )
- (f) Standard Management – Cases that do not fall into any one of the other tracks. ( x )

3/10/2014

TIMOTHY R. HOUGH, ESQ.

PLAINTIFF JAGGERS

Date

Attorney-at-law

Attorney for

215-564-5200

215-563-8729

jafhough@aol.com

Telephone

FAX Number

E-Mail Address

**IN THE UNITED STATES DISTRICT COURT FOR  
THE EASTERN DISTRICT OF PENNSYLVANIA**

MARGARET JAGGERS

CIVIL ACTION NO.:

v.

THE UNITED STATES  
OF AMERICA

**CIVIL ACTION COMPLAINT**

This is an action seeking damages against the United States of America by and through its agency the United States Postal Service for negligence under the Federal Tort Claims Act.

**I. JURISDICTION**

1. The Jurisdiction of this Court is based upon the Federal Tort Claims Act, 28 U.S.C. §1346(b), 2671-2680.
2. Plaintiff is Margaret Jaggars, is an adult citizen of the United States who resides at the above address within the Commonwealth of Pennsylvania.
3. Defendant, The United States of America by and through its agency The United States Postal Service, all of whom are hereinafter referred to brevity as "Defendant USPS", by and through The United States of America at all times material hereto owned, operated, leased and/or controlled the premises known as The United States Post Office located at 9925 Bustleton Avenue, in the City and County of Philadelphia Commonwealth of Pennsylvania, hereinafter referred to for brevity as "the property", and its included and adjacent accompanying steps, stairways, platforms, landings, pathways, footways and/or sidewalks.

4. Plaintiff filed an administrative claim with the Postmaster General of the United States Postal Service on May 14, 2013, as required by 29 U.S.C. §2675(a), a copy of which executed Claim Form is attached and incorporated herein as Exhibit "A."
5. The claim was denied on October 29, 2013, as set forth in the attached letter denying Plaintiff's claim, which letter is attached and incorporated herein as Exhibit "B".
6. The documents that had been requested by Counsel for Defendant USPS were sent on December 5, 2013 once counsel had accumulated all of Plaintiff's records as opposed to a piecemeal submission of records.

## **II. VENUE**

7. Venue is proper under 28 U.S.C. §1402(b) as this incident occurred in this judicial district.

## **III. FEDERAL TORT CLAIMS ACT**

8. On November 27, 2012, at or about 4:40 p.m. Plaintiff was alighting the entry stairway at the aforesaid property, owned by Defendant USPS, when she was caused to slip and fall upon the wet and icy platform and landing, causing Plaintiff to fall forward twisting toward her right side and striking her right knee, hands, palms on the platform and/or landing with Plaintiff ultimately landing on her back.
9. At all times material hereto Defendant USPS owned and controlled the property where Plaintiff was caused to slip and fall by virtue of the dangerous condition of the steps, stairway, landing and/or platform.
10. Defendant USPS was in exclusive custody and control of the property at all times material hereto.

11. At all times material hereto Defendant USPS had exclusive responsibility for the maintenance, repair, inspection, care, and safekeeping of the property where Plaintiff was injured.
12. Defendant USPS knew or should have known of the existence of the dangerous condition in time to remedy the dangerous condition before the time of Plaintiffs injury.
13. Plaintiffs injuries and damages were the result and product of Defendant USPS's, by and through its agents, servants, workers and/or employees, negligence acts, omissions and carelessness including the following:
  - a) allowing the sidewalk, pathway, stairway, steps, landing and/or platform to be in a condition that created a dangerous and walking hazard to pedestrians such as Plaintiff by having ice patches;
  - b) failing to salt, sand, brine and/or otherwise make safe the platform and/or landing of the steps and/or stairway of the property.
  - c) failing to salt, sand, brine and/or de-ice the platform and/or landing of the steps and/or stairway of the property prior to Plaintiffs fall;
  - d) failing to make the stairway, steps, landing, platform, pathway and/or entryway safe for the public including Plaintiff;
  - e) failing to inspect the stairway, steps, landing, platform, pathway and/or entryway to determine that it was safe and free of ice for the safety of the public, including the Plaintiff;
  - f) failing to maintain and make secure the stairway, steps, landing, platform, pathway and/or entryway to determine that it was safe and free of ice for the safety of the public, including the Plaintiff;



- g) failing to warn Plaintiff of the dangerous condition presented by the ice and wet stairway, steps, landing, platform, pathway and/or entryway;
- h) failing to salt, sand, brine and/or de-ice all of the exterior of Defendant's property;
- i) failing to erect a barricade and/or warning sign to alert the public of the ice on the stairway, steps, landing, platform, pathway and/or entryway;
- j) knowing or having reason to know that the landing, platform, stairway and/or steps had not been completely, adequately, properly and/or fully treated for ice removal;
- k) failing to adopt various rules and regulations that would prevent the dangerous condition from existing;
- l) allowing an unreasonable dangerous and hazardous condition to exist in the face of foreseeable harm in utter disregard of the Plaintiffs rights and privileges.

14. As the direct and proximate result of the incident caused by Defendant USPS negligence as aforesaid, the Plaintiff, Margaret Jagers , sustained various serious personal injuries entailing an impairment of bodily function including but not limited to aggravating and/or causing active C6 radiculopathy on the right, median neuropathy both wrists, severe chronic ulnar neuropathy right wrist, right shoulder rotator cuff tear, left knee sprain, right knee sprain, Injections, neck, back, prescription medication for which Plaintiff herein makes claim.

15. As the additional result of the Defendant's negligence, the Plaintiff endured physical pain and suffering, loss of life's pleasures, mental anguish, embarrassment, humiliation and a further loss of her sense of well being.

16. As a further result of the Defendants negligence as aforesaid, Plaintiff incurred fair and reasonable expenses for which Plaintiff herein makes claim.

17. As the additional result of Defendant's negligence, the Plaintiff endured emotional upset and worry.

18. As the additional result of Defendant's negligence, the Plaintiff was deprived of her ability to perform her usual and daily household chores and pastimes.

19. As the direct and reasonable result of the negligence of the defendant, the Plaintiff has or may hereafter incur additional financial expenses that to or may exceed amounts which Plaintiff may otherwise be entitled to recover.

20. As a direct and proximate result of the negligence of the Defendant USPS , Plaintiff's private health carrier and/or Medicaid, DPW and /or Medicare has expended or may expend money and assert a lien on behalf of monies paid toward the care of Plaintiff for which sums Plaintiff herein makes claim.

21. As a direct and proximate result of the negligence of the Defendant USPS and Plaintiff's resultant injuries Plaintiff has suffered losses in the sum of \$250,000.00 Dollars.

22. The final severity of Plaintiff's injuries were not known and could not have been known at the time Plaintiff presented her Administrative Claim to the agency. Pursuant to 28 U.S.C. §2675(6) intervening medical assessments therefore permit Plaintiff to seek recovery in the action beyond the amount sought in the administrative claim.

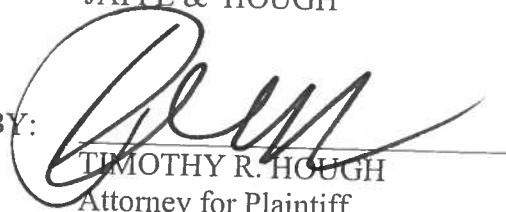


**WHEREFORE**, Plaintiff Margaret Jagers, respectfully demands judgment in her favor against the Defendant USPS as follows:

- (1) Damages in the sum of \$250,000.00 Dollars plus interest and costs;
- (2) For such other and further relief the Court may deem just and proper.

JAFFE & HOUGH

BY:

A handwritten signature in black ink, appearing to read 'Tim Hough', is written over a horizontal line.

TIMOTHY R. HOUGH

Attorney for Plaintiff

IDENTIFICATION NO. 40898

JAFFE & HOUGH

TWO PENN CENTER PLAZA, Suite 1907

15TH & JOHN F. KENNEDY BOULEVARD

PHILADELPHIA, PA 19102

Email: jafhough@aol.com

(215) 564-5200

# EXHIBIT “A”

**JAFFE & HOUGH**

ATTORNEYS AT LAW

TWO PENN CENTER PLAZA, SUITE 1907

1500 JOHN F. KENNEDY BOULEVARD

PHILADELPHIA, PA 19102

(215) 564-5200

FAX (215) 563-8729

E-MAIL: jafhough@aol.com

TIMOTHY R. HOUGH  
DIANNE L. ELLIOTTOF COUNSEL  
ALLAN JAFFE\*

\*MEMBER NEW JERSEY BAR ALSO

May 14, 2013

Postmaster General  
United States Postal Service  
475 L'Enfant Plaza SW  
Washington DC 20260-0010

**RE: My Client:** Margaret Jagers  
**Date of Accident:** November 27, 2012  
**Time of Accident:** 4:40pm  
**Place of Accident:** US Post Office, 9925 Bustleton Ave. Philadelphia PA  
**What Happened:** Client caused to slip and fall on untreated, icy surface

Dear Postmaster General

Please be advised that this office represents the above-named individual in a claim for personal injuries as noted.

Enclosed is a completed and signed Standard Form (SF) 95.

Please advise upon conclusion of your investigation so we may come to an amicable resolution of this matter.

Very truly yours,

TIMOTHY R. HOUGH

TESTED

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Postmaster General  
US Postal Service  
475 L'Enfant Plaza SW  
Washington DC 20260

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

## B. Received by (Printed Name)

Mikeshia Murphy

☐ Agent☐ Addressee

## C. Date of Delivery

5/28/13

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

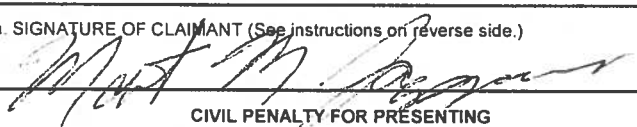
## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7012 0470 0000 0388 5993

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: United States Postal Service			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) Margaret Jagers 739 Alburger Avenue Philadelphia, PA 19115 Timothy R Hough, Esq. Two Penn Center # 1907 Philadelphia, PA 19102		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 10/1/1966	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/27/2012 Tuesday	7. TIME (A.M. OR P.M.) 4:40 pm	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)  Ms. Jagers was injured in a fall on top outside step/landing area of US Post Office located at 9925 Bustleton Avenue in Philadelphia, PA. Fall occurred due to ice on exterior landing as Ms. Jagers approached Post Office door.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.  Right shoulder rotator cuff tear, lumbar and cervical spine injuries, bicep tendonitis, left knee injury					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Connor Jagers Shana Jagers		739 Alburger Avenue Philadelphia, PA 19115  (for both individuals; children of claimant)			
12. (See instructions on reverse ) <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$250,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$250,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 		13b. Phone number of person signing form (215) 856-3825		14. DATE OF SIGNATURE	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>  The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>  Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

☐ Yes  
☐ No

N/A

Full Coverage ☐

Deductible ☐

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A **SUM CERTAIN** FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

# EXHIBIT “B”



LAW DEPARTMENT  
NATIONAL TORT CENTER



November 22, 2013

**CERTIFIED NO: 70131090000221999278**

*RETURN RECEIPT REQUESTED*

Mr. Timothy R. Hough  
Attorney at Law  
1500 John F. Kennedy Blvd, Suite 1907  
Philadelphia, PA 19102

Re: Your Client: Margaret Jagers  
Date of Incident: November 27, 2012

Dear Mr. Hough:

This is in reference to the administrative claim you filed on behalf of Margaret Jagers under the provisions of the Federal Tort Claims Act as a result of injuries and damages allegedly sustained in Philadelphia, PA on November 27, 2012.

As you know, the Postal Service is not legally obligated to pay all losses which may occur, but only those due in some way to the negligent or wrongful act or omission of any employee acting in the scope of his employment. We, of course, are guided in our determination by all the information available to us, including the reports of our personnel and any other persons acquainted with the facts.

The Postal Service wrote you letters on May 30, 2013 and October 29, 2013 requesting your client's medical records and itemized bills for treatment received in connection with the above-referenced incident. To date, I have not received said documentation. Due to your failure to submit competent evidence of your client's injuries and damages as is required, the above-referenced administrative claim is hereby denied.

Regulations require us to inform you that if your client is dissatisfied with the final action on her claim, she may file suit against the United States of America in an appropriate United States District Court not later than six (6) months from the date of mailing this letter, which is the date shown above.

Regulations of the Postal Service further provide that prior to the commencement of suit and prior to the expiration of the six-month period allowed for filing suit, you have the right to file for reconsideration of the claim. To be timely filed, the request must be received within the six-month period. A request for reconsideration must be in writing and may be sent to Ms. Carrie Branson, Chief Counsel, National Tort Center, United States Postal Service, 1720 Market Street, Room 2400, St. Louis, MO 63155-9948. Upon timely filing of a request for reconsideration, the Postal Service will have six months to act upon your request. For additional information, see 39 C.F.R. 912.9. A request for reconsideration should state the

- 2 -

reasons you disagree with the Postal Service's decision and should be accompanied by any additional information and citations of law you wish to submit in support of your position.

Nothing in this letter should be construed to limit or waive any defenses that may be available to the United States should suit be filed.

Sincerely,

A handwritten signature in black ink, appearing to read "Nathan Solomon", with a long horizontal flourish extending to the right.

Nathan Solomon  
Attorney  
314/345-5846

cc: Richard Teszner  
Tort Claim Coordinator  
File No. 191-13-0312A